



**Maryland Board of Pharmacy**  
 4201 Patterson Avenue  
 Baltimore MD 21215-2299  
 Phone: 410-764-4755  
 Fax: 410-358-6207

[www.health.maryland.gov/pharmacy](http://www.health.maryland.gov/pharmacy)

## Pharmacy Technician Administration of Vaccinations Notification Form

Formal notification is required for pharmacy technicians who administer  
 certain vaccinations as set forth under COMAR 10.34.34.03.

Mail to Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, MD 21203-1991; email to  
[mdh.mdbop@maryland.gov](mailto:mdh.mdbop@maryland.gov), or fax to 410-358-6207.

**\*\*Please be advised that you must receive confirmation from the Board accepting this notification prior to  
 administering any vaccinations in accordance with Maryland law.**

PRINT OR TYPE ONLY

SECTION 1 – PHARMACY TECHNICIAN INFORMATION					
<b>Name:</b>					
<b>Maryland Registration #:</b>		<b>Registration Expiration Date:</b>			
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Home Phone:</b>					
<b>Work Phone:</b>					
<b>Email Address:</b>					

ACPE Practical Training Program Name		ACPE Number		Date of Completion

CPR CERTIFICATION	DATE OF COMPLETION
Name of CPR Certification Provider ( <b>must be active and obtained through in-person classroom instruction</b> )  <b>(MUST ATTACH A COPY OF THE CERTIFICATE)</b>	

I certify, under the penalties of perjury, that the above information is true, correct, and complete; and if such notification is accepted by the Board, I agree to abide by the laws surrounding administration of vaccinations as authorized under Maryland law, as well as the rules and regulations promulgated by the Maryland Board of Pharmacy. By signing this notification, I understand that any violation of these laws, rules or regulations may subject my pharmacy technician registration to disciplinary action by the Board.

<b>Signature:</b>	
<b>Date:</b>	